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CONFIRMATION NO. 8187

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| SERIAL NUMBER 09/444,095 | FILING OR 371(c) DATE 11/22/1999 RULE | CLASS 435 | GROUP ART UNIT 1634 | ATTORNEY DOCKET NO. ARMY-123 |
| APPLICANTS SOFI M. IBRAHIM, FREDERICK, MD; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/109,437 11/23/1998 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED | | | | |
| ** 12/23/1999 | | | | |
| Foreign Priority claimed | <input type="checkbox"/> yes <input type="checkbox"/> no | STATE OR COUNTRY MD | SHEETS DRAWING 4 | TOTAL CLAIMS 62 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | | | INDEPENDENT CLAIMS 6 |
| Verified and Acknowledged | Examiner's Signature _____ Initials _____ | | | |
| ADDRESS ELIZABETH ARWINE U.S. ARMY MEDICAL RESEARCH AND MATERIEL COMMAND 504 SCOTT STREET ATTN: MCMR-ZA-J FORT DETRICK, MD 21702-5012 | | | | |
| TITLE PURIFICATION METHOD AND APPARATUS | | | | |
| FILING FEE RECEIVED 2050 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |